



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
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Olympia, Washington 98504-7990

July 9, 2003

**To:** Washington State Board of Health Members  
**From:** Don Sloma, Executive Director  
**Re:** **PROPOSED BOARD WORK DURING THE 2003-2005 BIENNIUM**

**SUMMARY**

In the broadest terms, state law directs the state Board of Health to improve public health by adopting and amending rules as needed for a wide range of “traditional” public health programs, providing a forum for the discussion of health policy issues, and developing policy recommendations as it considers ways to improve the health of Washington residents. (Chapter 43.20 RCW)

This memo outlines a suggested Board work plan for the coming biennium that will, within available resources, implement our statutory duties consistent with my best understanding of the Board’s preferences and priorities.

The Board engaged in a formal planning process in 2001 to develop priorities for its work during the 2001-03 biennium. The Board selected those priorities in consideration of eight criteria<sup>1</sup>, including the degree of alignment with the Board’s statutory authority, timeliness relative to the political process and public perception, availability of resources, the possibility of a unique and constructive role for the Board and more. Priorities selected included specific activities regarding children’s health, community assessment in environmental health, health workforce disparities and access to critical health services. In addition, the Board planned to use a limited amount of its resources to develop quick responses to emerging health issues. This resulted in work on emergency preparedness in the wake of September 11, 2001, and taking the lead on updating rules on isolation and quarantine in addition to approving an emergency rule to cope with immunization shortages.

Several priorities suggested but not approved for the Board’s work last biennium included stabilizing the financing for the state’s universal immunization policy, expanding efforts to reduce health disparities, improving children’s oral health, improving children’s mental health and more.

Although the Board received relatively favorable consideration in the state budget process for the 2003-05 biennium, we did not escape without some reductions. The resulting budget is adequate to support our current level of operations, albeit without resources to obtain some of the expert advice and to produce some of the high quality printed products we might like.

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<sup>1</sup> The following is a complete listing of the criteria:

1. Does the issue involve multiple agencies so that the Board might be useful as a coordinator?
2. Will there be measurable outcomes as a result of the work?
3. What is the prevalence and severity of the health threat and are interventions available?
4. What is the level of awareness and readiness on the part of the public, politicians, and professionals to deal with the issue?
5. Is the work statewide in scope?
6. Does the Board have statutory authority to deal with the issue?
7. Are there sufficient resources to tackle the issue?
8. Does the board have a potentially unique role in dealing with this issue or would it be more appropriate for another agency to take the lead?

Board staff assumes our first priority for the new biennium is to complete work on existing projects. This includes finalizing and reporting to affected communities on health workforce diversity, completing a report on community assessment in environmental health, adopting rules on newborn screening and DNA sample privacy and joining with DOH to reconvene a newborn screening advisory group. It is expected that this work (except reconvening the newborn screening advisory group) will be completed this fall.

Further along in the 2003-05 biennium, the Board will consider of a number of rule changes. These include extensive revisions of rules regulating on-site sewage, transient accommodations, arsenic in public water systems, food service establishments, control of HIV/AIDS and more. Despite considerable efforts by DOH on these rules, we estimate that the complexity and potential for controversy in some of these proposals will require some 23 of the Board's 84 person/months of maximum available analytic staff time, many hours of the full Board's meeting time and as much as one half of the Board's total resources in the coming biennium. Below is a table listing these rule revisions.

In addition to rule making and the standard effort required to maintain external relations, keep abreast of new public health developments and complete required reports, there is Board interest and limited staff time and resources available to pursue a few policy development priorities. This memo describes them. These proposals were developed in recent months in consultation with interested Board members. In developing these proposals, Board and staff members appeared to pay close attention to several of the eight criteria used last biennium, including especially, the degree to which a particular project might be within the Board's legal authority (especially rule making), the level of public and political acceptance of the need for change, the ability to achieve a clear outcome in a relatively short period of time, and the degree to which the Board could play a unique role. These projects include:

- Helping to establish a Comprehensive School Health Plan with OSPI, DOH and DSHS
- Convening public forums with interested local health jurisdictions to catalyze local school district efforts to improve their physical activity and nutrition policies, programs and practices
- Improving communication with, and technical support for local boards of health
- Strengthening public health financing, performance and communication practices through continued work with the Public Health Improvement Partnership
- Clarifying health officials' authority to enter private property to control disease vectors
- Beginning to clarify procedures for designation of temporary local health officers, and
- Beginning to improve school environmental health standards, especially regarding indoor air.

In addition to these specific projects, we have retained a modest staff capacity (4.8 person/months) to respond quickly to emerging public health issues.

This memo is presented with a recommendation that the Board approve the entire list of projects as presented. Doing so will commit the Board's resources as outlined here. I hope the Board will carefully consider this memo and propose specific modifications to the proposed projects outlined here during the Board's discussion today or, if you wish, over the coming months. When the Board takes final action on a motion approving this memo as modified by this discussion, you will have provided clear direction to Board staff and to other interested parties regarding the Board's intended scope of work for the coming biennium.

#### **RECOMMENDED BOARD ACTION:**

*The Board approves the July 9, 2003 memo from the Executive Director regarding "Proposed Board Work During the 2003-05 Biennium" with modifications noted in the Board's minutes of its July 9, 2003 meeting.*

#### **DISCUSSION**

##### ***The Board's Mission and Statutory Duties***

In addition to the state constitution that establishes the State Board of Health, more than one hundred references in state law call out a role for the Board as a member of the governmental network of agencies protecting and promoting the health of Washington residents. ([A memo summarizing each statutory citation is attached](#)). The Board's role falls in three broad areas:

- Approval of rules for the operation of many public health programs including environmental health, pre-natal, infant and child health, infectious disease control, vital records and more;
- Convening public forums on health issues; and
- Exploring matters related to the public's health with an eye to developing policy recommendations for the secretary of health, the governor and the state legislature through an annual report and a biennial state health report.

### ***Last Biennium's Priorities***

When the Board conducted its 2001 process to develop priorities, the Board's rule making duties did not present a major workload challenge. As a result, the Board was able to allocate the bulk of its staffing resources and meeting time to various policy development and public forum projects. Based on a review of past successes, the Board developed the following criteria to help identify those projects that had the greatest likelihood to result in successful efforts:

1. Does the issue involve multiple agencies so that the Board might be useful as a coordinator?
2. Will there be measurable outcomes as a result of the work?
3. What is the prevalence and severity of the health threat and are interventions available?
4. What is the level of awareness and readiness on the part of the public, politicians, and professionals to deal with the issue?
5. Is the work statewide in scope?
6. Does the Board have statutory authority to deal with the issue?
7. Are there sufficient resources to tackle the issue?
8. Does the board have a potentially unique role in dealing with this issue or would it be more appropriate for another agency to take the lead?

These criteria were general guides. None was a litmus test. Nor were they applied uniformly or systematically. However, they did serve to frame the Board's discussion. That discussion winnowed a list of potential priority projects to the following priorities for last biennium:

- Environmental Health Community Assessment
- Children's Health and Well-Being, including Promotion of Proven Clinical Preventive Services for Young Children, a plan to cope with childhood obesity and Finalization of Rules on Newborn Screening and Pre-natal Tests
- Health Workforce Diversity to Reduce Health Disparities
- Access to Critical Health Services
- Producing a State Health Report (because of a statutory requirement)
- Genetics and Privacy (because of a budget proviso requiring a study)

In addition, the priority discussion yielded two "procedural priorities" that were not structured as projects, but that provided direction for the Board over the past two years. These were the direction to use a small portion of Board meetings, press releases and other work to "amplify the voice" of public health on important issues, and to schedule a few short turn-around, very high priority, topical items for Board effort. The Board's November 2001 Report on Emergency Preparedness and our subsequent work to update our isolation and quarantine rules, the Board's work on school indoor air quality, West Nile Virus and stable and adequate public health funding are all examples of these "procedural priorities" in action.

During last biennium's priority setting process, several potential priority projects were advanced by staff research and interviews with key informants, but were not selected by the Board. They included:

- Improving the Stability of Financing for Universal State Distribution of Vaccines
- Reducing the Contribution of Racism to Sustaining Health Disparities
- Improving Children's Oral Health Care
- Improving Children's Mental Health Services
- Addressing the Role of Drug and Alcohol Addiction in Accidental Injury, especially Among Native American Populations
- Reducing Environmental Toxics, especially Persistent Bioaccumulative Toxins
- Improving End of Life Care

### ***Available Resources for the 2003-05 Biennium***

Although the Board's budget was reduced over the course of the last biennium by some 20%, it now appears the Board will have an annual budget of approximately \$450,000 and some 5.6 FTEs to carry out its mission during each of the years of the biennium beginning July 1, 2003 and ending June 30, 2005. Under current law, it appears the Board is prohibited from seeking or receiving gifts, grants or other funds in addition to these. However, it may be permissible for the Board to enter Joint Operating Agreements with other entities that have received gifts, grants or other funds to pursue objectives within the Board's scope of authority.

Available funds and FTEs are adequate to support our current level of operation. Current operations include an executive director, a confidential secretary, an office assistant, and a health policy manager, in addition to two part time health policy analysts.<sup>2</sup> This represents a maximum total of 84 person/months of policy analysis staff time over the course of the biennium. This estimate does not include our support staff who arrange meetings, and travel, manage office operations, produce written and web based materials, produce FYI, handle correspondence, manage procurement, assure adherence to state administrative standards, monitor our budget and more. In addition, our budget is adequate to support our Olympia office within the Department of Health's facilities, minimally adequate printing, web publishing and other production costs, a very minimal amount of advice from the assistant attorney general assigned to the Board, some nine full board meetings each year, (including five outside of the central Puget Sound area), essential in-state health conference attendance for Board members and staff, and necessary travel and meeting costs for Board members and staff to meet in sub-committees and to pursue liaison relationships with dozens of state, local and private health related groups.

Funds once available to purchase outside research and expert policy consultation on key Board projects have been cut. Unavailable too are funds that once supported a greater presence of our assistant attorney general at our Board meetings, greater quantity and higher quality printed documents and more out of state travel.

#### ***Rule Making During the 2003-05 Biennium --- An Increased Workload***

At present many of the most complex and far reaching rules the Board must approve governing the operation of state and local public health programs are under active review. Proposals for revision of most of these rules are expected during the coming two-year period. Since the bulk of these are in the area of environmental health, it is expected that after November 2003, the Board's three quarter time environmental health policy analyst will be occupied primarily in supporting the Board's consideration of these proposals. In addition, it is anticipated that a portion of the executive director's time will be devoted to activities related to consideration of these rules. In total, we estimate that some 18 person/months of Board analytic staff time over the course of the biennium will be devoted to these activities. While development of these rules is expected to involve the Board sponsors (Carl Osaki and Tom Locke) in a number of special meetings, conference calls and review of drafts and other written materials, and while we expect similar, if fewer hours of other Board members' time may be involved in consideration of these rules outside of formal Board meetings, we have made no estimate of this workload.

In addition, proposals for revisions of rules governing homeless shelters and programs for the control of blood borne pathogens including HIV/AIDS are expected to consume an additional 5 person/months of analytic staff time over the course of the biennium.

The following table summarizes the Board rule revision processes currently underway. A more [complete summary of each rule](#) and the aims of the revision process is attached:

Rule	Board Sponsor	Board Staff	Anticipated Hearing Date
Newborn screening	Tom Locke	Doreen Garcia	Fall 2003
Transient accommodations – general	Carl Osaki	Craig McLaughlin	Fall 2003
Transient accommodations – homeless shelters	Carl Osaki	Craig McLaughlin	Summer 2004
Public water systems (arsenic)	Carl Osaki	Marianne Seifert	Winter 2003-04
Food service	Carl Osaki	Marianne Seifert	Winter 2004-05
Food Worker Cards in AFHs	Carl Osaki	Marianne Seifert	Fall 2003

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<sup>2</sup> Our full time environmental health analyst has asked to reduce her hours to 30 per week, effective November 1, 2003. Our currently part time children's health policy analyst has announced her intention to resign November 1, 2003. Together these developments create a vacancy for a 25 to 30 hour per week person.

On-Site Sewage	Carl Osaki	Marianne Seifert	Winter 2003-04
Water Recreation	Carl Osaki	Craig McLaughlin	Winter 2003-04
HIV/AIDS and BBIs	Tom Locke	Craig McLaughlin	Winter 2004-05
Immunization housekeeping	Tom Locke	Craig McLaughlin	Winter 2003-04
DNA Sample Privacy	Linda Lake	Don Sloma	Fall 2003

Several proposals for rule revisions have surfaced in recent months that, if approved by the Board, would increase time and resources dedicated to rule making. They involve possible revisions to Board rules governing

- School environmental health, with a focus on indoor air quality,
- Authority of local health officials to enter private property to control disease vectors; and
- Local health officer coverage standards and designation procedures.

These are discussed below.

### ***Proposed Policy Development Projects for the 2003-05 Biennium***

Board members and staff began discussing policy development priorities for the 2003-05 biennium in February 2003. I provided a summary of the developing priorities to the Board at that time and encouraged informal discussion among Board members and staff. Strong interest appears to remain among Board members in “amplifying the voice of public health” on important issues, and in retaining some flexibility to respond quickly to emerging events such as West Nile Virus, bioterrorism and SARS.

As regards the selection of longer-term policy development projects, it appears some Board members are still applying the criteria used during the Board’s more formal process in 2001. If there is any shift in thinking, these Board members may now be viewing criteria related to the prevalence and severity of a particular health problem, the availability of proven interventions to address it, its “statewide ness”, its multi-agency or multi-jurisdictional nature and the availability of Board resources to deal with it as threshold criteria. (Criteria 1, 3, 5 and 7) However, as Board members consider the expected increase in rule making activity during the coming biennium together with the possibility of reduced resources, Board members seem to favor even greater emphasis than in past years on activities where there are clear, short term outcomes attainable, where the activity is tied more directly to the Board’s legal authority (especially rule making), where there is a unique role for the Board, and/or where there is evidence of public and political readiness to make use of the Board’s work (Criteria 2, 4, 6 and 8)

With these considerations in mind, the following projects are proposed for inclusion in the Board’s 2003-2005 work plan.

### **Respond Quickly to Emerging Public Health Issues**

In planning last biennium’s work, the Board asked that staff retain some capability to develop information and/or preliminary policy options on emerging issues within a few months of their emergence or less. Using this capability the Board staff generated a report with recommendations regarding bioterrorism preparedness within two months of September 11, 2001, it developed a briefing on West Nile Virus, it approved an emergency rule to cope with expected immunization shortages, it produced a briefing on the status of legislative proposals for stable public health funding, and it has begun examining policy issues in relation to animal borne diseases. None of these activities were planned as new policy development foci at the beginning of last biennium. This work plan includes a limited capability to respond to new public health developments in the coming two-year period.

<b>Estimated Board Staff Time:</b>	<b>4.8 person months</b>
<b>Estimated Board Member Time<sup>3</sup>:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>On going</b>
<b>Product:</b>	<b>Policy memos, board presentations</b>
<b>Board Sponsor:</b>	<b>Linda Lake and other interested Board members</b>

### **Promote Health Workforce Diversity to Reduce Health Disparities**

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<sup>3</sup> Board member time estimates include only Board member days to attend Board sub-committee meetings or public forums in addition to the 9 regularly scheduled meetings of the full Board. These estimates do not include phone calls, emails or time to read or review correspondence, memos, meeting materials etc.

The Health Disparities Sub-Committee proposes to close out this project by communicating the results of its work to promote health workforce diversity to the affected groups. Board staff will continue staffing the Health Workforce Diversity Network until December 2003, when the network expects to report to the Board. Vickie Ybarra will represent the Board on the State's Health Care Personnel Shortage Task Force, with some Board staff support. Health Disparities Sub-Committee members will also hold meetings with minority commissions to raise awareness about health disparities and about local, state and national efforts to improve workforce diversity. ([See attached Health Disparities Priority Work memo for more information on past and present work.](#))

**Estimated Board Staff Time:** 3.8 person/months  
**Estimated Board Member Time:** 8 days  
**Start/End Dates:** July 2003 to June 2004  
**Product(s):** Meetings in December 2003 and Spring 2004  
**Board Sponsor:** Health Disparities Sub-Committee

#### **Establish a Comprehensive School Health and Social Service Plan**

The Office of Superintendent of Public Instruction (OSPI) Five Year Strategic Plan calls for a long range, comprehensive, multi-agency effort to address physical, social and emotional barriers to children's learning and living healthfully. This effort is expected to address policy, budget, administrative, instructional, service, assessment and reporting elements at all levels within schools, school districts and state government in relation to nutrition, physical activity, medical treatment within the schools, referrals for medical services, social and behavioral services and interventions and more. Key state Board of Health members and staff will collaborate with DOH, OSPI and DSHS staff and leadership in development of this multi-year blue print.

**Estimated Board Staff Time:** 1.2 person/months  
**Estimated Board Member Time:** 3 days  
**Start/End Dates:** July 2003 to December 2003  
**Product(s):** Plan document  
**Board Sponsor:** Children's Health Sub-Committee

#### **Improve Nutrition and Physical Activity Policies and Practices in Schools**

As an early action item in the comprehensive plan, the Board will collaborate with OSPI, DOH, the UW Center for Public Health Nutrition and other groups to a) make available on the web and in print model school nutrition and physical activity programs and policies by January 2004, and b) work with three to five interested local health jurisdictions, school boards, the state PTA, school nutrition experts, the WA State School Directors Association, State Board of Education, and other state organizations to encourage school districts to review their policies and practices in light of these models.

**Estimated Board Staff Time:** 7 person/months  
**Estimated Board Member Time:** 9 days  
**Start/End Dates:** July 2003 to September 2004  
**Products(s):** 3 to 5 Public Forums; Science Based Guides  
**Board Sponsor:** Children's Health Sub-Committee

#### **Improve Physical Activity Requirements in Schools**

Collaborate with the State Board of Education, SPI and others to survey current efforts to promote physical activity in schools. Research, analyze and report on the research examining the relationship between physical activity and academic achievement. Describe how schools are performing in relation to current minimum state Board of Education physical activity requirements. Identify best practices. Support the State Board of Education in their efforts to authorize and encourage demonstrations that pilot alternative forms of school district accountability for student physical activity. Co-convene a meeting of the State Board of Health and the State Board of Education to review survey results, results of the analysis of the relationship between physical activity and academic achievement, the demonstration projects and proposals for alternatives to current state Board of Education physical education requirements.

**Estimated Board Staff Time:** 7 person/months  
**Estimated Board Member Time:** 3 days  
**Start/End Dates:** November 2003 to December 2004  
**Product(s):** Survey Report, List of Best Practices  
Proposed Alternative School PE requirements  
**Board Sponsor:** Children's Health Sub-Committee

#### **Help Develop Standards for Tending Ill Children at School**

As an action item in the comprehensive plan, the Board will work with relevant school system regulatory and health professional regulatory agencies to develop integrated standards for tending to, supervising and/or referring for treatment of ill children while they are attending school, including developing model health plans for each child, determining scope of care for school staff, school nurses, and state regulated health professionals. Attend to liability concerns.

<b>Estimated Board Staff Time:</b>	<b>To Be Determined</b>
<b>Estimated Board Member Time:</b>	<b>To Be Determined</b>
<b>Completion Date:</b>	<b>To Be Determined</b>
<b>Product(s):</b>	<b>To Be Determined</b>
<b>Board Sponsor:</b>	<b>Children's Health Sub-Committee</b>

#### **Begin Improving School Environmental Health Standards, Especially Regarding Indoor Air**

Based on the Board's review of school indoor air quality issues last year, Board staff is currently completing a review of Board and other agency rules in this area to identify any needed changes. The Board will consider this review today. It contains a recommendation for the Board and its staff to engage with others in a redrafting of the Board's rules governing school environmental health with a focus on indoor air quality. Since the Department of Health has indicated a limited capacity to provide the major staffing needed for this activity, if the Board chooses to pursue this activity, Board staff will have to lead the effort. Since Board rules may have implications for school design, construction and maintenance it will be critical to work closely with the state Board of Education, OSPI and other school system entities in addition to DOH and LHJs.

<b>Estimated Board Staff Time:</b>	<b>3 person/months until July 2005</b>
<b>Estimated Board Member Time:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>June 2004 continuing into the 2005-2007 Biennium</b>
<b>Product:</b>	<b>Initial Discussion Draft Rule by July 2005</b>
<b>Board Sponsor:</b>	<b>Carl Osaki with other interested Board members</b>

#### **Improve Communications with Local Boards of Health**

Board members and staff have begun a series of meetings with local boards of health to get better acquainted and to hear local perspectives and priorities. This information is summarized on the state Board's website together with a directory of local boards of health, their meeting dates, and summaries of the minutes of their meetings. The Board will use this information to inform all of its deliberations including the 2004 state health report. All local health jurisdictions will be visited by the end of 2004. The cycle would begin anew during the first six months of 2005 as an on going effort to maintain closer communication with local boards of health.

<b>Estimated Board Staff Time:</b>	<b>2.4 person/months</b>
<b>Estimated Board Member Time:</b>	<b>15 days</b>
<b>Start/End Dates:</b>	<b>On going</b>
<b>Product:</b>	<b>Web site directory of local boards, meeting minutes &amp; letters summarizing local board input</b>
<b>Board Sponsor:</b>	<b>Linda Lake (participation from other Board members)</b>

#### **Strengthen Local Boards of Health Training and Orientation Materials and Opportunities**

For several years, WSALPHO has worked with DOH and certain staff members of local health jurisdictions to produce an annual, one-day orientation and training for local board of health members. State Board members Carl Osaki, Tom Locke, and others have presented at these trainings in recent years. Designed both as an introduction to public health and an overview of upcoming issues, the training has made use of a 1996 publication the Board helped develop entitled "Welcome to Public Health". Although the publication is out of print, copies are available on our Web site, and we receive requests for updated versions from local boards of health periodically. They have also requested our help in updating and distributing the orientation book. In addition, WSALPHO has asked that we participate more heavily in developing several more issue focused regional workshops as a possible alternative to the previous single, statewide training event. While printing and distributing some 500 copies of the new orientation manual, posting it on the state Board website and helping to organize several regional training sessions over the course of the biennium could be accomplished within the Board's current resources, more extensive effort, including a very high quality lay out, printing and very large quantity production of the manual, its biennial updating and more, might require funding assistance from other members of the Public Health Improvement Partnership. Time estimates below are for the minimal effort.

<b>Estimated Board Staff Time:</b>	<b>2.4 person/months</b>
<b>Estimated Board Member Time:</b>	<b>2 days</b>
<b>Completion Date:</b>	<b>On going</b>
<b>Product:</b>	<b>Updated, Distributed Manual &amp; 3 regional workshops</b>

**Board Sponsor:** Carolyn Edmonds

**Clarify Health Officials' Authority to Enter Private Property to Control Disease Vectors**

Recent outbreaks of West Nile Virus have focused attention on the long standing issue of health officers' authority to enter private property to control disease vectors such as mosquitoes, rats, mice and other animals or insects. The Snohomish Health District Board, the Lewis County Board of Health and others have asked the State Board to clarify the legal authority and process for such activity in the case of mosquitoes, and potentially other vectors.

**Estimated Board Staff Time:** 2.6 person/months  
**Estimated Board Member Time:** NA  
**Start/End Dates:** July 2003 to August 2004  
**Product:** Detailed Memoranda and/or Possible Draft Rule  
**Board Sponsor:** Linda Lake/Tom Locke

**Clarify Local Health Officer Designation Procedures**

Most local health jurisdictions in Washington use a part-time health officer. At present, a wide variety of local arrangements are in effect that provide for designation of community physicians or neighboring LHJ health officers to serve in a given LHJ if the incumbent is absent. Local health officers have raised a variety of questions about the legal authority for these arrangements, the proper role and process for local boards of health or others to designate health officers for these purposes, the permissible powers of these temporary or substitute health officers, liability issues and more. Some have suggested the state Board might consider rules clarifying these points

**Estimated Board Staff Time:** 1.8 person/months  
**Estimated Board Member Time:** NA  
**Start/End Dates:** July 2004 to June 2005  
**Product:** Detailed Memoranda and/or Possible Draft Rule  
**Board Sponsor:** Tom Locke

**Strengthen Public Health Infrastructures and Communication through PHIP**

This statutorily authorized effort, led by DOH has included the State Board, the UW School of Public Health and Community Medicine and WSALPHO for several years. The activity includes several projects that together are designed to produce a better integrated, more focused, efficient and effective public health system in our state. Board members and staff propose to continue participating in the **PHIP Steering Committee** that sets the broad direction for PHIP. In addition, the Board proposes to continue to participate with the **Communications Committee** that has produced a well focused communications platform for state and local public agencies, including the state Board to use, and the **Standards Committee** that has produced a comprehensive set of standards for judging the quality of state and local public health agency activities, training regarding those standards and an assessment of the state and each local health jurisdiction's performance relative to the standards. In previous years, the Board assumed the lead for PHIP's efforts involving Access to Critical Health Services. The Board is proposing to step away from its leadership role in this activity to one of participation in a newly forming PHIP **Access Committee**.

**Estimated Board Staff Time:** 4.8 person/months  
**Estimated Board Member Time:** NA  
**Start/End Dates:** On going  
**Product(s):** Annual PHIP Reports in 2003 and 2004; Presentations  
**Board Sponsor:** Tom Locke

***Legally Mandated Reports and Other Required Work***

**Produce Annual Reports for 2003 and 2004**

State law requires the Board to produce an annual report outlining its activities and accomplishments, including recommendations to improve the public's health. The style and format of the Board's annual report over the past 3 years has been well received. We propose to continue in this manner, producing an annual report in a similar form in January 2004 and again in January 2005.

**Estimated Board Staff Time:** 2.4 person/months  
**Estimated Board Member Time:** NA  
**Start/End Dates:** September – December 2003 and 2004  
**Product:** Annual Reports  
**Board Sponsor:** Entire Board Approval By Vote



### **Complete the 2004 State Health Report**

State law (RCW 43.20.050) requires the Board to prepare a "state health report" in January of each even numbered year, including suggested health priorities for the ensuing biennium. The next report is due in January 2004. Although the Board produced this report in 2002, an informal exemption from this requirement was sought and received in 2000 and no report was produced. New developments since our 2002 state health report include a worsened state economic and revenue picture including potential reductions in federal funds available to the state, a continuation of problematic rates of medical inflation, the possibility that the war on terror may involve bioterrorist attacks on the United States, West Nile virus, SARS, the June 2002 updated publication of The Health of Washington State (a major, statutorily required data input to the board's state health report) the advent of the Washington Health Foundation and HumanLinks efforts to engage the public through a series of forums on the future of the health care system, and the Board's own efforts to develop closer ties with local boards of health to identify and work together on high-priority health issues. In addition, the Governor's Sub-cabinet on Health is reportedly being re-invigorated under the direction of the newly appointed Administrator of the Washington State Health Care Authority, Pete Cutler. Mr. Cutler and other key members of the Governor's Sub-cabinet have indicated an interest in collaborating with the Board on production of a 2004 State Health Report, using a model similar to that used in 2002.

<b>Estimated Board Staff Time:</b>	<b>2.5 person/months</b>
<b>Estimated Board Member Time:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>July – December 2003</b>
<b>Product:</b>	<b>A State Health Report</b>
<b>Board Sponsor:</b>	<b>Entire Board Approval By Vote</b>

### **Communicate the Board's Interests and Concerns to the Legislature**

The Board's policy on communications with the legislature requires that Board staff monitor proposed legislation affecting the Board's statutory duties and priority policy interests as reflected in formal statements by the Board, and communicate with legislators and their staffs as appropriate. To do this in a timely way, Board staff monitors legislation introduced each session, communicates with the Chair and key Board members to determine what, if any statements the Board may wish to make about the bills, drafts letters reflecting those positions and communicates with legislative standing committees. To help with bill tracking and interagency coordination, Board staff also participates in weekly meetings with the legislative liaisons of other health related state agencies and twice weekly meetings of DOH staff monitoring legislation.

<b>Estimated Board Staff Time:</b>	<b>6 person/months</b>
<b>Estimated Board Member Time:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>January – March 2003; January to April 2004</b>
<b>Product:</b>	<b>Letters to legislators; annual summary memo to Board</b>
<b>Board Sponsor:</b>	<b>Variable, depending on bill</b>

### **Coordinate with the Governor's Health Related Agencies**

Currently, a Governor's Executive Order requires state Board participation in the Governor's Sub-cabinet on Health. One significant input to this group is the state Agency Medical Directors Group --- an interagency collection of medical directors and senior policy staff from all state agencies with health responsibilities that develops recommendations and interagency projects to improve the quality of state purchased health care. In past years, Board staff participation on these groups has not only helped keep us informed of developments in other state agencies, it has helped coordinate production of the Board's State Health Report and helped us advance the Board's recommendations on Access to Critical Health Services and Clinical Preventive Services for Children.

<b>Estimated Board Staff Time:</b>	<b>2.4 person/months</b>
<b>Estimated Board Member Time:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>On-going</b>
<b>Product:</b>	<b>Sub-cabinet collaboration on the State Health Report</b>
<b>Board Sponsor:</b>	<b>Linda Lake</b>

### **Maintain Liaison Relations with Local Health Jurisdiction Staffs**

The Washington State Association of Local Public Health Officials maintains active forums for local health officers, administrators, nursing directors and environmental health directors. Regular attendance at these meetings has proven to be an efficient and effective means of communicating about the Board's activities with key LHJ staff and of learning of local perspectives on emerging issues.

<b>Estimated Board Staff Time:</b>	<b>2.4 person/months</b>
<b>Estimated Board Member Time:</b>	<b>NA</b>
<b>Start/End Dates:</b>	<b>On going</b>
<b>Product:</b>	<b>NA</b>
<b>Board Sponsor:</b>	<b>Tom Locke, Ed Gray</b>